

**TEXAS DEPARTMENT OF HEALTH (TDH)  
CLIENT SERVICES HUB SUBCONTRACTING PLAN**

**APPLICANT STATUS DETERMINATION**

**PREAMBLE:** TDH and other Health and Human Services agencies are committed to promoting full and equal business opportunities for all businesses in state contracting. To better promote these opportunities, it is imperative that we collect information on prime contractors and their subcontractors to determine if an entity meets the General Services Commission (GSC) Historically Underutilized Business (HUB) certification criteria.

**PURPOSE:** The purpose of the Applicant Status Determination form (C-ASD) and the Subcontractor Status Determination form (C-SSD) is to collect HUB-related information about a prime contractor and its subcontractors.

**PROCEDURE:** Please complete this form with information about the prime contractor. Complete Form C-SSD (additional copies may be attached if necessary) with information about subcontractors. Return the signed and completed forms to Texas Department of Health, Attn: HUB Coordinator, 1100 West 49<sup>th</sup> Street, Austin, TX 78756. After the TDH HUB Coordinator reviews the information, a representative may contact you to share additional information about HUB certification and reporting. Information on the State of Texas HUB program can be found on the GSC website at <http://www.gsc.state.tx.us> or by contacting the TDH HUB Coordinator at 1-800-243-7487.

<b>1. Print Legal Name of Prime Contractor:</b>		
<b>2. Print the 14-digit Vendor Identification Number assigned by the State of Texas Comptroller (or enter the Federal Tax ID # (9-digits):</b>		
<b>3. Is Prime Contractor a GSC certified HUB? (see HUB definition on form C-SSD).</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide your GSC Certification No. _____ and continue with Question 8.		
<b>4. Is the Prime Contractor certified as a minority/women-owned business from an agency other than the GSC?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of the certifying agency. _____		
<b>5. Is the owner or company a for-profit entity?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate which group best describes the individuals who own at least 51% of the assets and interest and/or classes of stock and equitable securities. These individuals must demonstrate an active participation in the control, operation and management of firm's daily business affairs.		
<b>Group</b>	<b>Male</b>	<b>Female</b>
Asian Pacific American (AS)		
Black Americans (BL)		
Hispanic Americans (HI)		
Native Americans (NA)		
American Women (WO)		
None of the above		
<b>6. Is your primary place of business in Texas?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>7. Has the Prime Contractor maintained gross receipts or total employment levels four consecutive years in any of the following categories of the U.S. Small Business Administration's size standards?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Financial and Accounting - \$17,000,000      • Wholesale Commodities - 100 Full Time Employees</li> <li>• Medical and Other Services - \$5,000,000      • Manufactured Commodities – 500 Full Time Employees</li> </ul>		
<b>8. If Prime Contractor will NOT subcontract any portion of the contract/agreement, please check this box. <input type="checkbox"/></b>		
Complete Form C-SSD if any contract/agreement activities will be subcontracted.		

To the best of my knowledge, I certify the above information to be true and complete.

\_\_\_\_\_  
Signature of Contractor's Authorized Representative

\_\_\_\_\_  
Date

**TEXAS DEPARTMENT OF HEALTH  
CLIENT SERVICES HUB SUBCONTRACTING PLAN**

**(C-SSD)**

**SUBCONTRACTOR STATUS DETERMINATION**

**Applicant/Prime Contractor's Name:** \_\_\_\_\_

**AGENCY Grant/Contract Identifier"** \_\_\_\_\_

**Prime contactor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.**

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

\*A Historically Underutilized Business (HUB) is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.